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RĚIN	PLEASE READ	FLORID	A DEPA Sandra Secret	RTMEI B. Mor ary of S	NT OF STATE tham State	7	ING THIS F APPROVED AND FILED	ORM.	1012	
DOCUMENT # P9700035197					CATIONS	98 1	HA EI VOJ	8։ 34		
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KENAK	SSANCE ENTERPRISES	INC.				TAU	JEMOULL, 12			
Principal Place of Business Mailing Addre						4 100 ((00) ()	S INIII INNIE NAIN AGUS A	Afti Malas Alimi mela	i il uið fö ltt s lo t ikki	
11760 NW 27TH ST. 11760 NW 27TH PLANTATION FL 33323 PLANTATION										
	ddresses are incorrect in any way, line thro									
New Principal Office Address, If Applicable New Maili Suite, Apt. #, etc. Sulte, Apt. #,				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/18/1997			
8560 StateRd 84 8560									Applied For	
City & State City & State DAULE .FL DAU			E. FL			6.65-0	748592		Not Applicable	
Zip Country Zip			24 Country 24 USA				OF STATUS DESIRE	D	ditional Fee require ertificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	orida nonpro			<u>.</u>				
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			umbers)	City / State / Zip				
D	BRADY, GREG			11760 NW 27TH ST.			PLANTATION FL 33323			
D	. Eider, Andrea		856	05	tate Rd, 8	§ 4	DAVIE	FC33	324	
		· · —		.	-	91	00005.	7008	 §98	
		····					-12/02 ****15	/ <u>98010</u> 50.00 **	93014 ***150.00	
					-	<u> </u>	-			
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Re	gistered Agent		
BRADY, GREG					Name Pisher AndreA Street Address (P.O-Box Number is Not Acceptable)					
11760 NW 27TH ST. PLANTATION FL 33323				8560 3 to be Rd 84 Suite, Apt. # Etc.						
1 2 341.	ANON 1 2 00020				City	<u> </u>		State Zip	Code 2332 u	
_	appointed the registered agent of the abo	ve named corpo	oration, am		th and accept the ol		on 607.0505, F.S.	12 -/	∽⊃~५ ७७	
Signature-o Registered	Agent Undrow	GISTERED AG	LLL EENT MUST	~	"IKED		Date	-M	10	
	is corporation owes or ha angible Personal Propert				ar Yes	No 🖳	(See	atbur Ride Journ	ntormation tax.)	

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR WIRECTOR

November 13, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Renaissance Enterprises, Inc. Annual Report

To whom it may concern:

We just received your Notice of Administrative Dissolution and are perplexed. We, for some reason, did not get the first annual report. Please accept our check for \$ 150.00 and continue our corporation. We checked the address and it should have been 8560 State Road 84, Davie, FL 33324. We changed it on the application.

Sincerely,

Andrea Eisler, Vice President

andrea Lister